

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.5em; font-family: cursive;">10593040</div>	FILING DATE					
CLAIMS							APPLICANT(S)						
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
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TOTAL DEP.		←		←		←		TOTAL DEP.	←		←		←
TOTAL CLAIMS	<div style="font-size: 1.5em;">13</div>							TOTAL CLAIMS					